

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000099964 (4)**

1. Corporation Name  
**DURHAM'S UMATILLA TIRE, INC.**



Principal Place of Business <del>21701 FREEMAN DRIVE</del> UMATILLA FL 32784 <b>431 N. CENTRAL AVE</b> Umatilla FL 32784	Mailing Address <del>21701 FREEMAN DRIVE</del> UMATILLA FL 32784 <b>431 N. CENTRAL AVE.</b> Umatilla, FL 32784
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>431 N CENTRAL AVE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc.
22 City & State 23 <b>Umatilla FL</b>	27 City & State 28 <b>Umatilla FL</b>
24 Zip 25 <b>32784</b>	29 Country 30 <b>LAKE</b>

3. Date incorporated or Qualified <b>01/01/1997</b>	4. FEI Number <b>59-3414693</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

~~SOLCOMB, LORRAINE M~~  
~~21701 FREEMAN DRIVE~~  
~~UMATILLA FL 32784~~  
**William S. Durham**  
**431 N CENTRAL AVE**  
**Umatilla FL 32784**

10. Name and Address of New Registered Agent

81 Name  
 **William S. Durham**

82 Street Address (P.O. Box Number is Not Acceptable)  
 **431 N Central Ave**

83

84 City **Umatilla** FL 85 Zip Code **32784**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *William S. Durham* DATE: **1-13-98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DURHAM, WILLIAM S</b> <b>431 NORTH CENTRAL AVE.</b> <b>UMATILLA FL 32784</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DURHAM, ALICE A</b> <b>14836 HIGHWAY 450 WEST</b> <b>UMATILLA FL 32784</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William S. Durham* DATE: **1-13-98** (352) 669-2197

CR2E034 (10/97)